

DOUVAS MEMORIAL SCHOLARSHIP APPLICATION

FIRST GENERATION AMERICAN

Please **TYPE** or **PRINT** in **blue** or **black** ink.

NAME (Last, First): _____

STREET ADDRESS: _____

CITY, STATE: _____

ZIP CODE: _____

HOME PHONE NUMBER: _____

HIGH SCHOOL: _____

GRADUATION DATE: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

FATHER'S NAME _____

FATHER'S PLACE OF BIRTH (COUNTRY) _____

FATHER'S OCCUPATION _____

YEAR FATHER ESTABLISHED RESIDENCY IN THE UNITED STATES _____

MOTHER'S NAME _____

MOTHER'S PLACE OF BIRTH (COUNTRY) _____

MOTHER'S OCCUPATION _____

YEAR MOTHER ESTABLISHED RESIDENCY IN THE UNITED STATES _____

IF YOU ARE AWARDED THIS SCHOLARSHIP, WHICH OF THE FOLLOWING ELIGIBLE INSTITUTIONS DO YOU PLAN TO ATTEND? (Check one)

- | | |
|-------|-------------------------------------|
| _____ | UNIVERSITY OF WYOMING |
| _____ | CASPER COLLEGE |
| _____ | EASTERN WYOMING COLLEGE |
| _____ | NORTHWEST WYOMING COMMUNITY COLLEGE |
| _____ | WESTERN WYOMING COMMUNITY COLLEGE |
| _____ | SHERIDAN COLLEGE |
| _____ | LARAMIE COUNTY COMMUNITY COLLEGE |
| _____ | CENTRAL WYOMING COMMUNITY COLLEGE |

WHAT DO YOU PLAN TO STUDY? _____

IF YOU ARE CURRENTLY ENROLLED IN COLLEGE OR IN COLLEGE COURSES, PLEASE WRITE A BRIEF DESCRIPTION OF THE PROGRESS YOU HAVE MADE TOWARD A DEGREE OR CERTIFICATE:

DO YOU HAVE A PART-TIME JOB? _____ IF YES, LIST YOUR WEEKLY SALARY _____
HOW MUCH DO YOU EXPECT TO HAVE SAVED BY NEXT FALL? _____
WILL YOU RECEIVE FINANCIAL ASSISTANCE FROM SOCIAL SECURITY? ____, VETERANS
ADMINISTRATION? ____, VOCATIONAL REHABILITATION? ____, OTHER? ____
IF YOU ANSWERED "YES" TO THE ABOVE QUESTIONS, WHAT IS THE TOTAL AMOUNT YOU
WILL RECEIVE? _____

HAVE YOU APPLIED FOR ANY OTHER SCHOLARSHIPS? _____
HAVE YOU BEEN AWARDED ANY OTHER SCHOLARSHIPS? _____
IF SO, LIST ACCURATE AMOUNT AWARDED FOR NEXT SCHOOL YEAR \$ _____

FOR WHICH FINANCIAL AIDS HAVE YOU APPLIED? (**CIRCLE** ALL APPLICABLE OPTIONS):

- Pell Grant
- Supplemental Educational Opportunity Grant
- College Work-Study Program
- National Direct Student Loan
- Youth Opportunity Grant (Minority Students)
- Guaranteed Student Loan.

IN THE SPACE BELOW, **Print** or **Type** A *LEGIBLE* SHORT DESCRIPTION OF YOURSELF.
INCLUDE SUCH THINGS AS ACTIVITIES, HONORS AND AWARDS. ALSO INCLUDE HOW YOU
PLAN TO FINANCE YOUR EDUCATION, WHY YOU WANT TO CONTINUE YOUR EDUCATION
AND WHAT UNUSUAL CIRCUMSTANCES EXIST THAT A FINANCIAL AID COMMITTEE
SHOULD KNOW THAT WOULD MAXIMIZE YOUR CONSIDERATION FOR THIS SCHOLARSHIP.
(USE THE BACK SIDE OR USE ANOTHER SHEET IF YOU NEED MORE ROOM.)

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Have your current (or latest) school guidance counselor or principal complete the following for
you.

Applicant ranks ____ from the top in a class of ____, with a GPA of ____/4.0.

ACT Composite Score _____ (if available)

Signature of Counselor or Principal

Telephone Number